Dear Stakeholders:

If you have comments on this regulatory proposal, please submit them in writing by **Friday, March 22, 2013** by e-mail to <u>laurie.schoder@state.co.us</u> or by fax to 303-753-6214. If you have questions, please call Laurie Schoder at 303-692-2832. Changes are highlighted in <u>yellow</u>.

1	CHAPTER IV - GENERAL HOSPITALS		
2	6 CCR 1011-1 Chap 04		
3			
4	11.102 PROGRAMMATIC FUNCTIONS		
5			
6	(5) Orders		
7 8	(a)	Medications and treatments shall be given only on the order of a physician or other practitioner authorized by law.	
9	(b)	Verbal orders. Verbal orders shall be:	
10 11 12		(i) received by members of the appropriate discipline as specified by law and approved by the medical staff, nursing services, and the governing board. Orders shall be documented.	
13 14		(ii) transferred to the medical record by a member of the specific discipline responsible for implementing the order.	
15		(iii) authenticated within 48 hours.	
16 17 18	(<mark>eb</mark>)	Orders shall be written and shall include the date, time, practitioner giving the order, and specifications of the order. For medications, the name, strength, dosage, frequency and route of administration shall be indicated.	
19 20 21 22	(<mark>dc</mark>)	Orders prescribing high-risk drugs, i.e., narcotics, sedatives, anticoagulants, antibiotics, etc., shall include a time limit. Such time limit shall be agreed upon by the medical staff and shall be so recorded in the rules and regulations of the organized medical staff.	
23 24 25	(<mark>ed</mark>)	Medical staff in conjunction with the pharmacist shall establish standard stop orders for all medications not specifically prescribed as to time or number of doses.	

1	[The following proposed amendment has been copied verbatim from language contained in House Bill 10-1229 which was codified as C.R.S. 25-3-111(1)]			
3	(-)	ALL VERBAL ORDERS SHALL BE AUTHENTICATED BY A PHYSICIAN OR RESPONSIBLE		
4	· · · · · · · · · · · · · · · · · · ·	NDIVIDUAL WHO HAS THE AUTHORITY TO ISSUE VERBAL ORDERS IN ACCORDANCE WITH		
5 6		IOSPITAL AND MEDICAL STAFF POLICIES OR BYLAWS. THE POLICIES OR BYLAWS SHALL EQUIRE THAT:		
7	(AUTHENTICATION OF A VERBAL ORDER OCCURS WITHIN 48 HOURS AFTER THE		
8		TIME THE ORDER IS MADE UNLESS A READ-BACK AND VERIFY PROCESS		
9		PURSUANT TO PARAGRAPH (ii) OF THIS SUBSECTION (e) IS USED.		
10	(ii) A HOSPITAL POLICY MAY PROVIDE FOR A READ-BACK AND VERIFY PROCESS		
11		FOR VERBAL ORDERS. A READ-BACK AND VERIFY PROCESS SHALL REQUIRE		
12		THAT THE INDIVIDUAL RECEIVING THE ORDER IMMEDIATELY READ BACK THE		
13		ORDER TO THE PHYSICIAN OR RESPONSIBLE INDIVIDUAL, WHO SHALL		
14		IMMEDIATELY VERIFY THAT THE READ-BACK ORDER IS CORRECT. THE		
15		INDIVIDUAL RECEIVING THE VERBAL ORDER SHALL RECORD IN WRITING THAT		
16		THE ORDER WAS READ BACK AND VERIFIED. IF THE READ-BACK AND VERIFY		
17		PROCESS IS FOLLOWED, THE VERBAL ORDER SHALL BE AUTHENTICATED WITHI		
18		30 days after the date of the patient's discharge.		
19	(iii) Verbal orders shall be used infrequently. Nothing in this section		
20		SHALL BE INTERPRETED TO ENCOURAGE THE MORE FREQUENT USE OF VERBA		
21		ORDERS BY THE MEDICAL STAFF AT A HOSPITAL.		
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